United States Court of Appeals

District of Columbia Circuit

DOCKETING STATEMENT

All Cases Other than Administrative Agency Cases (To be completed by appellant)

1.	CASE NO 2. DATE DOCKETED	_
	CASE NAME	-
	lead parties only) vv.	
4.	YPE OF CASE: [] District Ct - [] US Civil [] Private Civil [] Criminal [] Bankruptcy	
••	[] Bankruptcy - if direct from Bankruptcy Court	
	[] Original proceeding	
5.	S THIS CASE REQUIRED BY STATUTE TO BE EXPEDITED? YES NO	
	f YES, cite statute:	
6.	CASE INFORMATION:	
	. District Court Docket No. Bankruptcy Court Docket No. Tax Court Docket No.	
	Civil Action Bankruptcy Tax	
	Criminal Adversary	
	Miscellaneous Ancillary	
	. Review is sought of: [] Final Order	
	[] Interlocutory Order appealable as of right	
	[] Interlocutory Order certified for appeal	
	Name of judge who entered order being appealed:	
	Judge Magistrate Judge	
	. Date of order(s) appealed (use date docketed):	
	. Date notice of appeal filed:	
	Has any other notice of appeal been filed in this case? YESNO	_
	If YES, give date filed:	
	Are any motions currently pending in trial court? YESNO If YES, identify motion and date	
	filed:	
	. Has a transcript of proceedings been ordered pursuant to FRAP 10(b)?	
	YES NO If NO, why not?	
	Has this case previously been before this Court under another appeal number? YES, Appeal #NO	
	Are any cases involving the same underlying order or, to counsel's knowledge, involving substantially the same issue,	
	currently pending before the District Court, this Court, another Circuit Court, or the Supreme Court?	
	YES NO If YES, give name of the court, case name, and docket number for each case:	
	11 125, give name of the court, case name, and docket number for each case.	
	Does this case turn on the validity or correct interpretation or application of a particular statute?	_
	YES NO If YES, give popular name and citation of statute:	
7	Have the parties attempted to resolve the issues in this case through arbitration, mediation, or any other alternative for dispute	
/٠	esolution? YES NO If so, provide the name of the program and the dates of participation.	
	is so, provide the name of the program and the dates of participation.	
_		_
	ature Date	
	e of Party (Print)	_
	e of Counsel (Print) Firm	
Αc	ress	_
	·	_
Ph	e Fax No	_

ATTACH A CERTIFICATE OF SERVICE

ote: If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 10 days by letter, with copies to all other parties, specifically referring to the challenged statement. An original and three copies of such letter should be submitted.